

## In the Specification

Please amend the specification as follows:

On page 10.

The apparatuses and methods of the present invention can be utilized with any of a variety of different resection devices and the present invention is not limited to any particular resection device in practicing the present invention, including the embodiment described in Figs. 1 and 2 with or without the vision chip and light source. For example, a resection device as described in U.S. Patent No. 5,868,760, which is incorporated herein by reference, may be utilized when practicing the present invention. Additionally, the resection device described in ~~pending patent application~~ Serial No. 09/100,393 filed on June 19, 1998, now issued as U.S. patent No. 6,126,058, which is also incorporated herein by reference, could also be utilized when practicing the present invention. Again, any of a variety of known resection devices can be utilized in the present invention.

On page 11, before line 4, insert:

More specifically, the present invention may be utilized with a flexible endoscopic resection system including a flexible endoscope slidably received through at least a portion of a stapling mechanism comprising an anvil and a stapling head mounted to the anvil so that the anvil and the stapling head are moveable with respect to one another between a tissue receiving position and a stapling position. A position adjusting mechanism is provided for moving the anvil and the stapling head between the tissue receiving and stapling positions and a staple firing mechanism sequentially fires a plurality of staples from the stapling head across the gap against the anvil and through any tissue received in the gap and a knife cuts a portion of tissue received within the gap. A control unit which remains outside the body is coupled to the stapling mechanism for controlling operation of the position adjusting mechanism and the staple firing

mechanism. The endoscope is inserted into a body orifice to locate a lesion, for example, in a tubular organ under visual observation (usually while insufflating the organ). Once the lesion has been located, a working head assembly including a stapling mechanism and an anvil is slidably advanced along the endoscope into the tubular organ until the working head assembly is in a desired position adjacent to the lesion. Alternatively, the working head assembly may be detachably coupled to a distal end of the endoscope, and the entire arrangement may then be inserted into the body orifice under visual observation.